

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): Chapter 11

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

Metroplex Recovery, LLC

2. All other names debtor used in the last 8 years

Metroplex Recovery

DFW Towing & Recovery

Include any assumed names, trade names, and *doing business as* names

Metroplex Locksmith

3. Debtor's federal Employer Identification Number (EIN)

90-0789268

4. Debtor's address

Principal place of business

2003 W Arkansas Lane

Number Street

Pantego, TX 76013

City State ZIP Code

Tarrant

County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Metroplex Recovery, LLC
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5 6 1 6

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☐ No

☒ Yes. Debtor Adrian Modesto Torres Relationship Principal

List all cases. If more than 1, attach a separate list.

District Northern District of Texas When 7/6/2023
MM / DD / YYYY

Case number, if known 23-41966-MXM-13

Debtor Metroplex Recovery, LLC Case number (if known) _____
Name

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number Street

City

State

ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds?

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Metroplex Recovery, LLC
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/21/2023
MM/ DD/ YYYY

X /s/ Adrian Modesto Torres
Signature of authorized representative of debtor

Title Managing Member

Adrian Modesto Torres
Printed name

18. Signature of attorney

X /s/ Jim Morrison
Signature of attorney for debtor

Date 07/21/2023
MM/ DD/ YYYY

Jim Morrison
Printed name

Lee Law Firm, PLLC
Firm name

8701 Bedford Euleess Rd 510
Number Street

Hurst TX 76053
City State ZIP Code

(469) 646-8995 jmorrisson@leelawtx.com
Contact phone Email address

14519050 TX
Bar number State

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

In re METROPLEX RECOVERY, LLC Case No. _____
Debtor Chapter 11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, Adrian Modesto Torres, declare under penalty of perjury that I am the Managing Member of METROPLEX RECOVERY, LLC, and that the following is a true and correct copy of the resolutions adopted by said Limited Liability Company (LLC) at a special meeting duly called and held on the 23rd day of June, 2023.

"WHEREAS, it is in the best interest of this Limited Liability Company (LLC) to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

BE IT, THEREFORE, RESOLVED that Adrian Modesto Torres, Managing Member of this Limited Liability Company (LLC), is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the Limited Liability Company (LLC); and

BE IT FURTHER RESOLVED that Adrian Modesto Torres, Managing Member of this Limited Liability Company (LLC) is authorized and directed to appear in all bankruptcy proceedings on behalf of the Limited Liability Company (LLC), and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Limited Liability Company (LLC) in connection with such bankruptcy case, and

BE IT FURTHER RESOLVED that Adrian Modesto Torres, Managing Member of this Limited Liability Company (LLC) is authorized and directed to employ Christopher M. Lee, attorney and the law firm of Lee Law Firm, PLLC to represent the Limited Liability Company (LLC) in such bankruptcy case."

Date: June 23, 2023 Signed: /s/ Adrian Modesto Torres
Adrian Modesto Torres

United States Bankruptcy Court
Northern District of Texas

In re Metroplex Recovery, LLC

Debtor(s)

Case No. _____

Chapter _____

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Metroplex Recovery, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [Check if applicable]

07/21/2023

Date

/s/ Jim Morrison

Jim Morrison

Signature of Attorney or Litigant

Counsel for Metroplex Recovery, LLC

Bar Number: 14519050

Lee Law Firm, PLLC

8701 Bedford Euless Rd 510

Hurst, TX 76053

Phone: (214) 440-1414

Email: jmorrison@leelawtx.com

Jim Morrison
State Bar No. 14519050
Lee Law Firm, PLLC
8701 Bedford Euless Rd, Ste 510
Hurst, TX 76053
817.265.0123 Phone
817.580.1123 Fax
ATTORNEY FOR DEBTOR(S)

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE:	§	
	§	CASE NO.
METROPLEX RECOVERY, LLC	§	
	§	CHAPTER 11
Debtor(s)	§	

DECLARATION REGARDING 11 U.S.C. §1116(1)(A)

In compliance with 11 U.S.C. §1116(1)(B), the Debtor, Metroplex Recovery, LLC, through its authorized representative, Adrian Modesto Torres, hereby states that:

1. No balance sheet, statement of operations, or cash-flow statement has been prepared; and
2. No Federal tax return for 2022 has been filed; however, the tax return for 2021 is attached hereto.

I have read the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge and belief.

Dated: June 23, 2023

/s/ Adrian Modesto Torres
Adrian Modesto Torres

Respectfully Submitted

/s/ Jim Morrison
Jim Morrison
State Bar No. 14519050
Lee Law Firm, PLLC
8701 Bedford Euless Rd, Ste 510
Hurst, TX 76053
817.265.0123 Phone
817.580.1123 Fax

Form **1040**Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return**2021**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial ADRIAN		Last name TORRES		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial CHRISTIAN		Last name TORRES		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 4900 SUN VALLEY DR				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. F.T. WORTH			State TX	ZIP code 76119	
Foreign country name		Foreign province/state/county		Foreign postal code	

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 100,928.
	2a Tax-exempt interest	2a
	3a Qualified dividends	3a
	4a IRA distributions	4a
	5a Pensions and annuities	5a
	6a Social security benefits	6a
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7 0.
	8 Other income from Schedule 1, line 10	8 -100,928.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9 0.
	10 Adjustments to income from Schedule 1, line 26	10 0.
	11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11 0.
	12a Standard deduction or itemized deductions (from Schedule A) 12a 25,100.	
	b Charitable contributions if you take the standard deduction (see instructions) 12b 0.	
	c Add lines 12a and 12b	12c 25,100.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13
	14 Add lines 12c and 13	14 25,100.
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15 0.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2021)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		16	0.
17	Amount from Schedule 2, line 3		17	0.
18	Add lines 16 and 17		18	0.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812		19	
20	Amount from Schedule 3, line 8		20	0.
21	Add lines 19 and 20		21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
24	Add lines 22 and 23. This is your total tax		24	
25	Federal income tax withheld from:			
a	Form(s) W-2	25a	10,517.	
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c	25d	10,517.	
26	2021 estimated tax payments and amount applied from 2020 return	26		
27a	Earned income credit (EIC) <input type="checkbox"/> NO	27a		
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>			
b	Nontaxable combat pay election	27b		
c	Prior year (2019) earned income	27c		
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30		
31	Amount from Schedule 3, line 15	31		
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	10,517.	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	10,517.	
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	10,517.	
Direct deposit? See instructions.	b Routing number	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number			
36	Amount of line 34 you want applied to your 2022 estimated tax	36		
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	0.	
38	Estimated tax penalty (see instructions)	38		

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input checked="" type="checkbox"/> Self-employed
D N COMMISSARIAT CPA			P01975151	
Firm's name	Firm's EIN			Phone no.
DARAIUS N COMMISARIAT	81-3941638			214-524-8578
Firm's address				
1400 PRESTON RD SUITE 400 PLANO, TX 75093				

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ADRIAN TORRES & CHRISTIAN TORRES

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	-100,928.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-100,928.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71479F

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶ _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2021Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor

ADRIAN TORRES

Social security number (SSN)

B Enter code from instructions

▶ 9 9 9 9 9 9

A Principal business or profession, including product or service (see instructions)

LOCKSMITH SERVICES

C Business name. If no separate business name, leave blank.

METROPLEX RECOVERY LLC

D Employer ID number (EIN) (see instr.)

9 0 0 7 8 9 2 6 8

E Business address (including suite or room no.) ▶ **4900 SUN VALLEY DR**City, town or post office, state, and ZIP code **FORTWORTH, TX 76119**F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . ☒ Yes ☐ NoH If you started or acquired this business during 2021, check here ☐I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ NoJ If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	1	1,840,352.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	1,840,352.
4	Cost of goods sold (from line 42)		4	389,115.
5	Gross profit. Subtract line 4 from line 3		5	1,451,237.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	427.
7	Gross income. Add lines 5 and 6	▶	7	1,451,664.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	277,383.	18	Office expense (see instructions)	18	26,681.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	4,264.	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	173,285.	a	Vehicles, machinery, and equipment	20a	3,296.
12	Depletion	12		b	Other business property	20b	19,979.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	52,111.	21	Repairs and maintenance	21	8,217.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	3,978.
15	Insurance (other than health)	15		23	Taxes and licenses	23	68,064.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	24,067.
b	Other	16b		b	Deductible meals (see instructions)	24b	19,343.
17	Legal and professional services	17	4,710.	25	Utilities	25	9,997.
				26	Wages (less employment credits)	26	650,807.
				27a	Other expenses (from line 48)	27a	206,410.
				b	Reserved for future use	27b	

28	Total expenses before expenses for business use of home. Add lines 8 through 27a	▶	28	1,552,592.
29	Tentative profit or (loss). Subtract line 28 from line 7		29	-100,928.

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home: _____

and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3**.• If you checked 32b, you must attach **Form 6198**. Your loss may be limited.32a ☒ All investment is at risk.32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35
36	Purchases less cost of items withdrawn for personal use	36 389,115.
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 389,115.
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 389,115.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶	
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

SOFTWARE EXPENSE	24,977.
DUES & SUBSCRIPTIONS	2,909.
INTEREST EXPENSE	53,293.
MONITORING SYSTEM & SCHEDULER	109,599.
TELEPHONE	11,931.
POSTAGE	1,605.
UNIFORM	1,096.
BAD DEBT	1,000.
48 Total other expenses. Enter here and on line 27a	48 206,410.

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2021Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

ADRIAN TORRES & CHRISTIAN TORRES

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	METROPLEX RECOVERY LLC	90-0789268	-100,928.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-100,928.	
3	Qualified business net (loss) carryforward from the prior year	3	(52,220.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		
11	Taxable income before qualified business income deduction (see instructions)	11	-25,100.	
12	Net capital gain (see instructions)	12		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13		
14	Income limitation. Multiply line 13 by 20% (0.20)	14		
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶	15		
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(153,148.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat. No. 37806C

Form **8995** (2021)

Form **8829**
Department of the Treasury
Internal Revenue Service (99)**Expenses for Business Use of Your Home**

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

► Go to www.irs.gov/Form8829 for instructions and the latest information.

OMB No. 1545-0074

2021
Attachment
Sequence No. **176**

Name(s) of proprietor(s)

ADRIAN TORRES

Your social security number

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	485.
2	Total area of home	2	2,158.
3	Divide line 1 by line 2. Enter the result as a percentage	3	22.475 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	22.475 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	-100,928.
See instructions for columns (a) and (b) before completing lines 9-22.			
9	Casualty losses (see instructions)	9	0.
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	0.
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	0.
16	Excess mortgage interest (see instructions)	16	5,134.
17	Excess real estate taxes (see instructions)	17	5,705.
18	Insurance	18	2,175.
19	Rent	19	
20	Repairs and maintenance	20	
21	Utilities	21	1,855.
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	14,869.
24	Multiply line 23, column (b), by line 7	24	3,342.
25	Carryover of prior year operating expenses (see instructions)	25	5,904.
26	Add line 23, column (a), line 24, and line 25	26	9,246.
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	0.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	0.
29	Excess casualty losses (see instructions)	29	0.
30	Depreciation of your home from line 42 below	30	1,095.
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	1,095.
32	Add lines 29 through 31	32	2,190.
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	0.
34	Add lines 14, 27, and 33	34	0.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684. See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions.	36	0.

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	275,000.
38	Value of land included on line 37	38	85,000.
39	Basis of building. Subtract line 38 from line 37	39	190,000.
40	Business basis of building. Multiply line 39 by line 7	40	42,702.
41	Depreciation percentage (see instructions)	41	2.5641 %
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	1,095.

Part IV Carryover of Unallowed Expenses to 2022

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	9,246.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	2,190.

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2021Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

ADRIAN & CHRISTIAN TORRES

Business or activity to which this form relates

METROPLEX RECOVERY LLC

Identifying number

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	446,039.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,050,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	307,440.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	307,440.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	307,440.
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	52,111.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	52,111.
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	255,329.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	1,095.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	53,206.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							25	
26 Property used more than 50% in a qualified business use:								
SEE STATEMENT		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
2019 FORD 236	11/19/19	.00%	28,248.		5.0	S/L - HY		
2019 FORD 739	10/05/19	.00%	28,936.		5.0	S/L - HY		
2020 FORD TRA	07/20/20	.00%	31,734.		5.0	S/L - HY		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							29	307,440.

Section B—Information on Use of Vehicles SEE STATEMENT

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles) .							8,970		30,226		25,252	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32							8,970		30,226		25,252	
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X		X		X		X	
35 Was the vehicle used primarily by a more than 5% owner or related person? . .	X		X		X		X		X		X	
36 Is another vehicle available for personal use?	X		X		X		X		X		X	

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
43 Amortization of costs that began before your 2021 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Name(s) as shown on federal Schedule C
ADRIAN TORRESSocial Security Number
[REDACTED]**Federal Schedule C Depreciation Schedule**
Business Activity: METROPLEX RECOVERY LLC

Asset Description	Date In Service	Asset Cost	Bus %	Current 179	Current Bonus	Life	Conv	Current Depr
	Date Sold	Depr Basis	Land	Prior 179	Prior Bonus	Method	Prior Depr	
2019 FORD 2366	11/19/19	28,248.	.00			5.00	HY	
				22,247.	6,001.	SL		
2019 FORD 7395	10/05/19	28,936.	.00			5.00	HY	
				18,959.	9,977.	SL		
2020 FORD TRANSIT	07/20/20	31,734.	.00			5.00	HY	
						SL	6,347.	
2021 MERCEDEZ M38	07/06/21	86,735.	100.00	10,200.		5.00	HY	
		76,535.				200DB		
2021 MERCEDEZ MET	07/10/21	39,294.	100.00	10,200.		5.00	HY	
		29,094.				200DB		
2021 MERCEDEZ M38	07/02/21	43,170.	100.00	10,200.		5.00	HY	
		32,970.				200DB		
2021 BENZ SPRINTE	06/12/21	47,774.	100.00	47,774.		5.00	HY	
						200DB		
2021 MERCEDEZ MET	06/21/21	42,894.	100.00	42,894.		5.00	HY	
						200DB		
2022 MERCEDEZ SPR	07/02/21	56,038.	100.00	56,038.		5.00	HY	
						200DB		
2021 MERCEDEZ MET	07/06/21	43,483.	100.00	43,483.		5.00	HY	
						200DB		
2022 MB METRIS 63	07/01/21	43,415.	100.00	43,415.		5.00	HY	
						200DB		
2022 MB METRIS 67	07/01/21	43,236.	100.00	43,236.		5.00	HY	
						200DB		
HOME OFFICE	01/01/19	190,000.	22.47			39.00	MM	
		42,702.	85000			SL	2,144.	1,095.
LASER MACHINE	01/01/19	18,809.	100.00			5.00	HY	
				18,809.		200DB		
DIAGNOSTIC MACHIN	01/01/19	14,909.	100.00			5.00	HY	
				14,909.		200DB		

ADRIAN TORRES

Social Security Number

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Alternative Minimum Tax Depreciation Report

Business Activity: METROPLEX RECOVERY LLC

[illegible]

Social Security Number

[illegible]

Name(s) as shown on federal Schedule C

ADRIAN TORRES

Social Security Number

Federal Form 4562 Lines 30 through 36 - Information on Use of Vehicles
Business or Activity Description: LOCKSMITH SERVICES

	#7	#8	#9	#10	#11	#12						
30. Total business/investment miles driven	43038	32525	20486	15397	185	150						
31. Total commuting miles driven												
32. Total personal miles driven												
33. Total miles driven	43038	32525	20486	15397	185	150						
34. Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X		X		X		X	
35. Was the vehicle used primarily by a more than 5% owner or related person?	X		X		X		X		X		X	
36. Is another vehicle available for personal use?	X		X		X		X		X		X	

	#13	#14	#15	#16	#17	#18						
30. Total business/investment miles driven												
31. Total commuting miles driven												
32. Total personal miles driven												
33. Total miles driven												
34. Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35. Was the vehicle used primarily by a more than 5% owner or related person?												
36. Is another vehicle available for personal use?												

	#19	#20	#21	#22	#23	#24						
30. Total business/investment miles driven												
31. Total commuting miles driven												
32. Total personal miles driven												
33. Total miles driven												
34. Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35. Was the vehicle used primarily by a more than 5% owner or related person?												
36. Is another vehicle available for personal use?												

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Northern District of Texas

In re Metroplex Recovery, LLC

Case No. _____

Debtor

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$12,262.00

Prior to the filing of this statement I have received \$12,262.00

Balance Due \$0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/21/2023
Date

/s/ Jim Morrison
Jim Morrison
Signature of Attorney

Bar Number: 14519050
Lee Law Firm, PLLC
8701 Bedford Euless Rd 510
Hurst, TX 76053
Phone: (214) 440-1414

Lee Law Firm, PLLC
Name of law firm

Date: 07/21/2023

/s/ Adrian Modesto Torres
Adrian Modesto Torres

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

IN RE: **Metroplex Recovery, LLC**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 07/21/2023

Signature /s/ Adrian Modesto Torres

Adrian Modesto Torres, Managing Member

ALS Portfolio Services, LP
Attn: Ally Bank Department
4515 N. Santa Fe Ave Dept. APS
Oklahoma City, OK 73118

Ally Financial
P.O. Box 9001951
Louisville, KY 40290

AMA Recovery Group
3131 Eastside St #350
Houston, TX 77098

Antonio Chavez
12801 N Central Expressway St 260
Dallas, TX 75243

Attorney General
PO Box 12017
Austin, TX 78711

Attorney General of Texas
Bankruptcy Section
400 South Zang, Ste 1100
Dallas, TX 75208

CESC
14925 Kinsport Rd
Fort Worth, TX 76155

CIT First Citizens Bank
P.O. Box 856502
Minneapolis, MN 55485

Empire Recovery
10 W. 37th St SE RM 602
New York, NY 10018

Exxon Mobile
P.O. Box 6293
Carol Stream, IL 60197

Ford Motor Credit
PO Box 650575
Dallas, TX 75265

Friedman Suder and Cooke
604 E 4th Street Ste 200
Fort Worth, TX 76102

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7340

Internal Revenue Service
IRS - SBSE Insolvency Area 10
1100 Commerce St., MC 5026 DAL
Dallas, TX 75242

Internal Revenue Service
Insolvency
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